

What Should Health Care Professionals and Support Staff Know About Health Information Exchange?

Outreach Materials

Provided By:

The National Learning Consortium (NLC)

Developed By:

The Office of the National Coordinator for Health Information Technology
State Health Information Exchange Program

The material in this document was developed by State Health Information Exchange Program in the performance of technical support and EHR implementation. The information in this document is not intended to serve as legal advice nor should it substitute for legal counsel. Users are encouraged to seek additional detailed technical guidance to supplement the information contained within. The State Health Information Exchange Program staff developed these materials based on the technology and law that were in place at the time this document was developed. Therefore, advances in technology and/or changes to the law subsequent to that date may not have been incorporated into this material.

NATIONAL LEARNING CONSORTIUM

The National Learning Consortium (NLC) is a virtual and evolving body of knowledge and resources designed to support healthcare providers and health IT professionals working towards the implementation, adoption and meaningful use of certified EHR systems.

The NLC represents the collective EHR implementation experiences and knowledge gained directly from the field of ONC's outreach programs ([REC](#), [Beacon](#), [State HIE](#)) and through the [Health Information Technology Research Center \(HITRC\)](#) Communities of Practice (CoPs).

The following resource can be used in support of the [EHR Implementation Lifecycle](#). It is recommended by "boots-on-the-ground" professionals for use by others who have made the commitment to implement or upgrade to certified EHR systems.

EHR Implementation Lifecycle



DESCRIPTION & INSTRUCTIONS

The 'Exchange 101: Introduction to Direct Adoption and Implementation' outreach materials are intended to aid providers and health IT implementers with EHR Implementation Step 5: Achieve Meaningful Use. The collection of outreach materials can be used to educate different audiences about health information exchange using the Direct solution in support of implementing care coordination meaningful use objectives.

This specific resource includes an overview for health care professionals and support staff of how Direct exchange works and information on benefits of and enrollment in Direct.

Distribute these materials to the appropriate audiences to educate them about using Direct for health information exchange.

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What Should Health Care Professionals and Support Staff Know About Health Information Exchange?

The health care market is moving. Health information exchange (HIE) is becoming the standard of care among clinical practitioners.

More than half of physicians are now using electronic health records (EHR) systems and about three-quarters of their EHR systems are reported to meet the meaningful use criteria set by the EHR [Meaningful Use Incentive Payment Program](#).ⁱ As part of this program, the Centers for Medicare and Medicaid Services (CMS) have issued close to \$7B in incentive payments to over 130,000 eligible providers.ⁱⁱ CMS published guidance for meaningful use stage two on August 23, 2012, specifying that eligible providers must connect with at least three external providers that do not use the same EHR solution, or they must establish an ongoing connection with at least one health information exchange entity. These providers must also review 80% of patient medication regimens at time of admission, transfer, or discharge, a process commonly known as medication reconciliation.ⁱⁱⁱ Additionally, emerging innovative care delivery models like Accountable Care Organizations and Patient-Centered Medical Homes will likely demand some form of health information exchange among participating providers.^{iv, v}

THE EHR MEANINGFUL USE INCENTIVE PAYMENT PROGRAM

This federal program, created by the HITECH Act and maintained by the Centers for Medicare and Medicaid Services, provides financial incentives to physicians and hospitals that adopt health information technology, including electronic health records and health information exchange.

Patients and families expect to interact with their health information and communicate electronically with their providers.

Health care providers are looking to adopt health information technology (HIT) to meet growing consumer demand. Patients are increasingly technology-savvy. They are accustomed to technology that provides them access to all of their information (i.e. mobile banking and smartphones). Similarly, they expect to have access to their health information and are often surprised to learn the capability is not already present in their doctors' offices.^{vi, vii} With an increasingly technology-enabled society, most patients are accustomed to communicating electronically using text messaging and email, and they expect to be able to communicate with their doctors in a comparable manner. Stage 2 meaningful use guidance supports this demand, requiring participating eligible providers to make clinical summaries available to patients through a portal or personal health record (PHR) within 24 hours of the visit. Patients should also have the opportunity to access their longitudinal record through a portal or PHR at any time. To qualify for incentives, providers must provide online access to health information for over 50% of their patients. Stage 2 meaningful use guidance also requires providers to enter an electronic progress note for more than 30% of unique patients.^{viii} While most health care support staff members are not eligible to receive meaningful use incentives payments, their assistance is integral to helping eligible clinicians in their office qualify for these incentives. Additionally, support staff members are likely to encounter patients who demand access to health information, and staff members may also need to respond to requests for electronic exchange of information from their colleagues and other health professionals who are striving to attain meaningful use.

How does Direct exchange work?

Direct is inexpensive, quickly-deployed, nationally-endorsed, and not tied to any vendor solution.

Direct is a protocol for encrypted messaging that supports the secure electronic exchange of health information between trusted entities (e.g. physicians, nurse practitioners, physician assistants, and case managers). Providers do not have to use an EHR in order to exchange information using Direct. Without an EHR, Direct works much like email; however, unlike most email, it is both highly secure and HIPAA-compliant. Health care providers with EHRs can use Direct as a complement to their current systems, either as a separate but parallel application or as a fully-integrated feature of their EHR system. Behind the system, Direct is enabled by health information service providers (HISPs) that are contracted to manage security and transport for Directed exchange, and, in some organizations, by a provider directory, which providers can query for the right Direct address.

What are the benefits of Direct exchange?

The ability to exchange messages and electronic attachments securely using Direct exchange is an immediate benefit to providers, patients, and provider support staff. As EHR vendors integrate Direct exchange functionality with their technology and as more robust solutions emerge, the value and demand for Direct exchange will grow.

Sending and receiving secure messages and attachments

Using Direct exchange, support staff can quickly and easily send and receive secure messages and electronic attachments to others in their network (i.e. PCPs, other specialists, home health caregivers, case managers, rehabilitative providers, and payers), without concern about HIPAA compliance. Many support staff must call or transmit paper forms via fax or courier service to convey patient information to other providers, and then must manually document a record of that communication. In contrast, support staff with Direct Exchange capabilities can draft an email, attach a file (i.e. lab result, referral paperwork, or prescription), and immediately send it to another provider without moving from desk to printer to fax machine. Whereas some support staff have reported that large documents can take up to 4 minutes to transmit via fax, transmission via Direct exchange is instantaneous. Additionally, upon receipt of a Direct message with an attachment, health professionals can easily save electronic attachments to the appropriate patient's record and remove additional steps from the office workflow. As adoption progresses, a growing number of health care entities will have the ability to communicate using Direct exchange. This will allow support staff to send and receive business paperwork such as claims justifications forms, referral forms, patient-specific legal documents, forms required by agencies serving children, families, disabled persons or veterans, and reports to public health, Medicaid and Medicare offices.

Communicating with patients

Direct exchange provides opportunities for health care practices to communicate more easily with patients. Using Direct exchange, patients, providers and authorized individuals on the support staff can exchange secure messages about the patient's treatment plan or diagnosis. For instance, a provider can inform a patient about a diagnosis, or send a lab result directly to the patient. Similarly, patients can send messages to schedule an appointment or to update providers on health indicators commonly monitored at home, such as blood pressure or weight.

Additionally, patients have begun to more actively manage their care through Personal Health Records (PHR), which aggregate diagnoses and treatment plans in an online personal repository. Patients can then view their longitudinal diagnosis or treatment history. Patients can manually update PHRs, or clinicians can assist individuals by sending diagnoses or treatment plans to the PHR using Direct.

Facilitating referrals and transitions of care

Compared to phone calls and paper faxes, Direct exchange enables more seamless referrals for providers and their support staff and better experiences for patients during transitions of care. Referring providers can send referral and payer forms, along with care summaries, medication lists, and lab results to the consulting provider in advance of their encounter with the patient. These documents can be exchanged immediately in the form of electronic attachments to a Direct message, eliminating the need for courier or patient transport of records, thereby reducing the risk of lost documents and incomplete or inaccurate information.

HOW DOES DIRECT EXCHANGE SUPPORT A CLOSED LOOP REFERRAL?

"Closed loop referrals" are one of the most promising use cases for HIE technology. When fully implemented, a referring provider's EHR will quickly and easily notify the consulting provider by generating a message that includes a longitudinal care summary, medication lists, lab results, and other information needed to support informed decision-making about diagnosis and treatment effectively and efficiently. Upon receipt of the referral and delivery of care to the patient, the consulting provider can generate and send a Direct message back to the referring provider to effectively "close the loop," communicating the outcomes from the consult and recommending any further actions to be taken to assure good outcomes for the patient.

How do I sign up for Direct exchange?

Visit HealthIT.gov to learn more.

References

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ⁱⁱⁱ "HIT Policy Committee: Meaningful Use Workgroup Request for Comments Regarding Meaningful Use Stage 2." Available from: http://healthit.hhs.gov/media/faca/MU_RFC%202011-01-12_final.pdf

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^{vii} National Partnership. "Consumer and Patient Health Information Needs: Defining "Access" to Information." Available from: http://www.nationalpartnership.org/site/DocServer/Defining_Access_to_Information.pdf?docID=9721

^{viii} CMS "Meaningful Use Stage 2 Final Rule." Available from: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html